

Department of Municipal Works  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

Phone: (631) 702-1750  
Fax: (631) 287-1530

## TOWN OF SOUTHAMPTON



JAY S. RMAN  
TOWN SUPERVISOR

CHRISTINE FETTEN, P.E.  
DIRECTOR OF MUNICIPAL WORKS

JOHN LA ROSA, P.E.  
ASSISTANT TOWN ENGINEER

PETER GAUDIELLO  
FACILITIES MAINTENANCE SUPERVISOR

THOMAS F. NEELY  
TRAFFIC SAFETY DIRECTOR

EDWARD THOMPSON, JR.  
WASTE MANAGEMENT SUPERVISOR

May 24, 2017

MS4 Permit Coordinator  
New York State Department of Environmental Conservation  
Division of Water – 4<sup>th</sup> Floor  
625 Broadway  
Albany, New York 12233-3505

Re: Town of Southampton  
2016-2017 Municipal Compliance Certification and  
Storm Water Management Program Annual Report Forms  
SPDES ID: NYR20A454

Dear Sir or Madam:

In accordance with NYSDEC Phase II Storm Water Regulations and SPDES General Permit No. GP-0-15-003, we are attaching one completed hard copy of our Municipal Compliance Certification and Storm Water Management Program Annual Report Forms for the 2016 to 2017 reporting period.

If there are any questions, please do not hesitate to contact me.

Very truly yours,

Christine Fetten, P.E.  
Town Engineer



MCC form for period ending March 9,	2	0	1	7
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SPDES ID

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☒ This report is being submitted on behalf of an individual MS4.

Name of MS4

Name of MS4																
T	O	W	N	O	F	S	O	U	T	H	A	M	P	T	O	N

☐ This report is being submitted on behalf of a Single Entity

Name of Single Entity

[illegible]

☐ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID						
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SPDES ID							
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SPDES ID						
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SPDES ID						
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SPDES ID						
N	Y	R	2	0	A	

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 7

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID

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SPDES ID

N Y R 2 0 A

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TOWN OF SOUTHAMPTON

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Section 1 - MCC Identification Page

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

If Joint Report, enter coalition name:

[illegible]



**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 7

Name of MS4 TOWN OF SOUTHAMPTON

SPDES ID

N Y R 2 0 A 4 5 4

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

J a y

MI

Last Name

S c h n e i d e r m a n

Title

T o w n S u p e r v i s o r

Address

1 1 6 H a m p t o n R o a d

City

S o u t h a m p t o n

State

N Y

Zip

1 1 9 6 8 -

eMail

j s c h n e i d e r m a n @ s o u t h a m p t o n t o w n n y . g

Phone

( 6 3 1 ) -

County

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Southampton

SPDES ID

N Y R 2 0 A 4 5 4

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
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For each contact, select all that apply:

- ☐ Principal Executive Officer/Chief Elected Official
- ☒ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

C h r i s t i n e

MI

Last Name

F e t t e n

Title

T o w n E n g i n e e r

Address

1 1 6 H a m p t o n R o a d

City

S o u t h a m p t o n

State

N Y

Zip

1 1 9 6 8 -

eMail

c f e t t e n @ s o u t h a m p t o n t o w n n y . g o v

Phone

( 6 3 1 ) 7 0 2 - 1 7 5 0

County

S u f f o l k







## TOWN BOARD RESOLUTION 2015-443

Item # 6.39

ADOPTED

DOC ID: 22080

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### **Authorize Christine Fetten, Director of Municipal Works, to Serve as the Town's Representative to the New York State Department of Environment Conservation with Respect to Certain MS4 and SPDES Permit Certifications**

RESOLVED, that Christine Fetten, Southampton Town Director of Municipal Works, is hereby appointed Southampton's duly authorized representative for the purpose of making any and all representations and/or certifications to the New York State Department of Environmental Conservation with respect the Retrofit Program Plan Guidance for Pathogen Impaired Water bodies on Long Island for MS4 Operators, and all other issues related to the SPDES General Permit for stormwater discharge.

Financial Impact:

None

**RESULT:**      **ADOPTED [UNANIMOUS]**

**MOVER:**       Anna Throne-Holst, Supervisor

**SECONDER:**   Bridget Fleming, Councilwoman

**AYES:** Throne-Holst, Bender, Scalera, Fleming, Glinka



**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2 0 1 7

Name of MS4 TOWN OF SOUTHAMPTON

SPDES ID

N Y R 2 0 A 4 5 4

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☒ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

P e c o n i c E s t u a r y P r o t e c t i o n

Partner/Coalition Name (con't.)

C o m m i t t e e

SPDES Partner ID - If applicable

N Y R 2 0

Address

City

State

Zip

-

eMail

Phone

( ) -

Legally Binding Agreement in accordance  
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

☒ MM1 m u l t i p l e t a s k s - s e e a t t a c h m e n t

☒ MM2 M u l t i p l e t a s k s - s e e a t t a c h m e n t

☒ MM3 M u t l i p l e t a s k s - s e e a t t a c h m e n t

☒ MM4 s e e a t t a c h m e n t

☐ MM5

☒ MM6 s e e a t t a c h m e n t

Additional tasks/responsibilities

- ☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 7

Name of MS4 TOWN OF SOUTHAMPTON

SPDES ID

N Y R 2 0 A 4 5 4

**Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

C h r i s t i n e

MI

P

Last Name

F e t t e n

Title (Clearly print title of individual signing report)

D i r e c t o r o f M u n i c i p a l W o r k s

Signature



Date

5 / 2 4 / 2 0 1 7

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505



## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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## Water Quality Trends

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s are contributed to this report?

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1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ☐ Yes

☐ Yes    ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

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### Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

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## 1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ☒ Construction Sites
  - ☒ General Stormwater Management Information
  - ☒ Household Hazardous Waste Disposal
  - ☐ Illicit Discharge Detection and Elimination
  - ☒ Infrastructure Maintenance
  - ☒ Smart Growth
  - ☐ Storm Drain Marking
  - ☒ Green Infrastructure/Better Site Design/Low Impact Development
  - ☐ Other:
  - ☒ Pesticide and Fertilizer Application
  - ☒ Pet Waste Management
  - ☒ Recycling
  - ☐ Riparian Corridor Protection/Restoration
  - ☒ Trash Management
  - ☐ Vehicle Washing
  - ☒ Water Conservation
  - ☒ Wetland Protection
  - ☐ None

Oil recycling, septic, boat Main

Other

**2. Specific audiences targeted during this reporting period:**

- ☒ Public Employees
- ☒ Residential
- ☒ Businesses
- ☐ Restaurants
- ☐ Other:
- ☒ Contractors
- ☒ Developers
- ☒ General Public
- ☐ Industries
- ☒ Agricultural

Other

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2017

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TOWN OF SOUTHAMPTON

SPDES ID

N Y R 2 0 A 4 5 4

**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

☒ Construction Site Operators Trained

# Trained

☐ Direct Mailings

# Mailings

☒ Kiosks or Other Displays

# Locations

☒ List-Serves

# In List

☐ Mailing List

# In List

☒ Newspaper Ads or Articles

# Days Run

☒ Public Events/Presentations

# Attendees

☐ School Program

# Attendees

☐ TV Spot/Program

# Days Run

☒ Printed Materials:

Total # Distributed

Locations (e.g. libraries, town offices, kiosks)

T o w n H a l l - 2 k i o s k s  
S T O P D a y E v e n t s - 3  
S a n G e n n e r o F e s t i v a l  
S H a m p t o n V i l l a g e F e s

☐ Other:

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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2 5 4 / s t o r m w a t e r

URL

h t t p : / / w w w . s o u t h a m p t o n t o w n n y / d o c  
u m e n t c e n t e r / h o m e / v i e w / 1 8 7 5



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	S	O	U	T	H	A	M	P	T	O	N	N	Y
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SPDES ID

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3. Web Page con't.: Provide specific web addresses - not home page.

URL

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URL

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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2017

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Evaluation of Educational Materials distributed and links to more information provided on website. Perform community presentations on energy efficiency, waste management, and stormwater - provide handouts. Reached out to all contractors on Town's vendor list and share information on available training and required certifications to work. The Town adopted CPF Amendment to be able to utilize up to 20% fund toward water quality project. Many public hearings on this.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town attended San Gennaro Festival, Village Festival and provided information at the 4 STOP Day events and the paper shred event as well as our Tri Energy Program educational seminars. People were generally interested and concerned about water quality aspects including stormwater, and utilizing energy more efficiently and using more renewables to improve air quality, water quality, and save money as well.

##### C. How many times was this observation measured or evaluated in this reporting period?

		1	6
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(ex.: samples/participants/events)

##### D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

In 2017 we will be incorporating Stormwater Education pertaining to landscaping in several mailers. We are ready to release approximately 5,000 mailers that include information on and encouragement to disconnect downspouts and xeriscaping. Continue to work with PEPC and TOS Sustainability Committee and Water Quality Committee to focus on stormwater and other water quality education and outreach events.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2017

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	TOWN OF SOUTHAMPTON
-----------------------	---------------------

SPDES ID

N	Y	R	2	0	A	4	5	4
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## Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report?		
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1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- |  |  |   |                      |   |                      |  |   |
|--|--|---|----------------------|---|----------------------|--|---|
| <input checked="" type="radio"/> Cleanup Events            |  | # Events  | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>   | 7   |
| <input checked="" type="radio"/> Comments on SWMP Received |  | # Comments  | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>   | 2    1  |
| <input checked="" type="radio"/> Community Hotlines        |  |   |                      |   |                      |  |   |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone #              | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone #              | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone #              | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone #              | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone #  | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | -                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone #              | ( <input type="text"/> <input type="text"/> <input type="text"/> ) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|  |  |   |                      |   |                      |  |   |
| <input checked="" type="radio"/> Community Meetings        |  | # Attendees   | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>   | 1    2    5   |
| <input checked="" type="radio"/> Plantings                 |  | Sq. Ft.   | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>   | 1    9    2   |
| <input type="radio"/> Storm Drain Markings                 |  | # Drains  | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>   |   |
| <input checked="" type="radio"/> Stakeholder Meetings      |  | # Attendees   | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>   | 2    0  |
| <input type="radio"/> Volunteer Monitoring                 |  | # Events  | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/>   |   |
| <input type="radio"/> Other:                               | <input type="text"/>   |   |                      |   |                      |  | <input type="text"/>  |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes    ☐ No

- |   |            |  |  |  |  |
|---|------------|--|--|--|--|
| <input type="radio"/> List-Serve            | # In List  |  |  |  |  |
| <input type="radio"/> Newspaper Advertising | # Days Run |  |  |  |  |
| <input type="radio"/> TV/Radio Notices      | # Days Run |  |  |  |  |
| <input type="radio"/> Other:                |            |  |  |  |  |

- Web Page URL: Enter URL(s) on the following two pages.





## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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**2. URL(s) con't.:**

Please provide specific address(es) where notices can be accessed - not home page.

URL

[illegible]

URL

[illegible]

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URL

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[illegible]



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2017

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TOWN OF SOUTHAMPTON

SPDES ID

N Y R 2 0 A 4 5 4

**3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?**

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

M u n i c i p a l W o r k s

Address

1 1 6 H a m p t o n R o a d

City

S o u t h a m p t o n N Y

Zip

1 1 9 6 8 -

Phone

( 6 3 1 ) 7 0 2 - 1 7 5 0

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

-

Phone

( ) -

☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

City

Zip

-

Phone

( ) -

☒ Web Page URL:

☒ Annual Report ☒ SWMP Plan ☐ Comments

h t t p : / / s o u t h a m p t o n t w n n y . g o v / 2 5 4

/ s t o r m w a t e r

Please provide specific address of page where report can be accessed - not home page.

☒ eMail

☐ Comments

c f e t t e n @ s o u t h a m p t o n t o w n n y . g o v

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

0	5	/	2	2	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

**4.b. For how many days was/will this report be posted?**

3	6	5
---	---	---

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

☐ Yes ☒ No

If Yes, what was the date of the meeting?

		/			/				
--	--	---	--	--	---	--	--	--	--

If No, is one planned?

☐ Yes ☒ No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF SOUTHAMPTON
---------------------

SPDES ID

N	Y	R	2	0	A	4	5	4
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

1. Number of STOP Days and Quantity of Materials/People participating 2015=704 people; 2016=728 people
2. Number of participants in Paper Shredding Event - 2015=87 people; 2016 = 20 people
3. Residential Incentives (Septics and Rain Gardens)
4. Number of Participants and Quantity of Material from Great East End Clean Up

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The Town had four STOP Days with an increase in people participating over the last year.  
The Town had one Paper Shred Event with a decrease in people participating over the last year.  
There was an increase in the people registered for the Great East End Clean Up over the past year as well as the Kids Beachcomber clean up.  
There has also been a project to encourage the spawning of shellfish and the education of using

**C. How many times was this observation measured or evaluated in this reporting period?**

		2	0
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The Town will continue to offer residents STOP days, paper shred days, community clean up events.  
The Town will continue to engage the public on the CPF Water Quality potential projects. The Town will continue to work with local landscapers, and will progress towards the purchase and utilization of quiet communities electric yard care equipment.



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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### **Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report?

**1. Enter the number and approx. percent of outfalls mapped:**

		1	8	9	#
--	--	---	---	---	---

1	0	0	%
---	---	---	---

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

	3	9
--	---	---

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- |   |  |
|---|--|
| <input type="radio"/> Auto Recyclers                  | <input type="radio"/> Landscaping (Irrigation)               |
| <input checked="" type="radio"/> Building Maintenance | <input checked="" type="radio"/> Marinas                     |
| <input type="radio"/> Churches                        | <input type="radio"/> Metal Plateing Operations              |
| <input type="radio"/> Commercial Carwashes            | <input type="radio"/> Outdoor Fluid Storage                  |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance     |
| <input type="radio"/> Construction Vehicle Washouts   | <input type="radio"/> Printing                               |
| <input type="radio"/> Cross-Connections               | <input type="radio"/> Residential Carwashing                 |
| <input type="radio"/> Distribution Centers            | <input type="radio"/> Restaurants                            |
| <input type="radio"/> Food Processing Facilities      | <input type="radio"/> Schools and Universities               |
| <input type="radio"/> Garbage Truck Washouts          | <input type="radio"/> Septic Maintenance                     |
| <input type="radio"/> Hospitals                       | <input type="radio"/> Swimming Pools                         |
| <input type="radio"/> Improper RV Waste Disposal      | <input checked="" type="radio"/> Vehicle Fueling             |
| <input type="radio"/> Industrial Process Water        | <input checked="" type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other:                          | <input type="radio"/> None                                   |

○ Other:

- Sewersheds:

N	i	t	r	o	g	e	n		a	n	d		P	a	t	h	o	g	e	n		T	M	D	L	s				
---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2017

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	TOWN OF SOUTHAMPTON
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SPDES ID

N	Y	R	2	0	A	4	5	4
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**3.b. What types of illicit discharges have been found during this reporting period?**

- ☐ Broken Lines From Sanitary Sewer  
☒ Cross Connections  
☐ Failing Septic Systems  
☐ Floor Drains Connected To Storm Sewers  
☒ Illegal Dumping  
☒ Other: \_\_\_\_\_
- ☐ Industrial Connections  
☒ Inflow/Infiltration  
☐ Pump Station Failure  
☐ Sanitary Sewer Overflows  
☐ Straight Pipe Sewer Discharges  
☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?   

		9
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		8
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		8
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes    ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

**8. Is the above information available in GIS?**

☒ Yes    ☐ No

**Is this information available on the web?**

☐ Yes    ☒ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	TOWN OF SOUTHAMPTON
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SPDES ID

N	Y	R	2	0	A	4	5	4
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8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

1	0	0	%
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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Number of illegal dump sites that require reporting to TOS.  
 Number of ID Inspections  
 Number of brochures and education events in which ID is discussed.  
 Inspection of Outfalls.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

We had some changes in staff over the reporting year, we are more focused on adequately describing potential discharges that come into the Code Office as either Pool Water or Waste Water.  
 We have found more instances of pool discharges to the roadway in the past year, which have resulted in appearance tickets. This will result in more targeted education on the best practices associated with pool maintenance.

**C. How many times was this observation measured or evaluated in this reporting period?**

		3	0
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
☒ Yes   ☐ No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
☒ Yes   ☐ No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

1. Participate in more community education events in which ID is discussed.
2. Perform additional outfall inspections in the next year.
3. Begin the permit and track of private waste carter program



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	S	O	U	T	H	A	M	P	T	O	N
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SPDES ID

N	Y	R	2	0	A	4	5	4
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☐ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

	1	8
--	---	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
--	--	---

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No



**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF SOUTHAMPTON
---------------------

SPDES ID

N	Y	R	2	0	A	4	5	4
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

	1	8
--	---	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	4	0
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT 

	3	7
--	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2017

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TOWN OF SOUTHAMPTON

SPDES ID

N Y R 2 0 A 4 5 4

**6. con't.:**

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

D E P A R T M E N T O F M U N C I P A L W O R K S

Address

1 1 6 H A M P T O N R O A D

City

S O U T H A M P T O N

N Y

Zip

1 1 9 6 8 -

Phone

( 6 3 1 ) 7 0 2 - 1 7 5 0

☐ Library

Address

City

Zip

-

Phone

( ) -

☐ Other

Address

City

Zip

-

Phone

( ) -

☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**MS4 Annual Report Form**

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2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

# of SWPPs Received -2016 = 13; 2017 = 18  
 # of Active Construction Projects - 2016 = 30; 2017 = 40  
 # of SWPPP Inspections Performed - 2016 = 100%; 2017=100%  
 Contractors that work within the TOS

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The number of SWPPPS received and in active construction in this reporting year increased from the following year. The Town was able to have more consistent inspections of properties under SWPPP Plans.

**C. How many times was this observation measured or evaluated in this reporting period?**

		5	0
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
☒ Yes   ☐ No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
☒ Yes   ☐ No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The Town was able to do more inspections  
 The goal is to increase education of local contractors.



**MS4 Annual Report Form**

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Name of MS4/Coalition TOWN OF SOUTHAMPTON

SPDES ID

N Y R 2 0 A 4 5 4

**Minimum Control Measure 5. Post-Construction Stormwater Management**

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4  
☐ On behalf of a coalition

How many MS4s contributed to this report? 1 1 1

**1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	1 5	4 9 0	5 0 7
<input checked="" type="radio"/> Filter Systems (CHAMBER SYSTEMS)	3 3		
<input checked="" type="radio"/> Infiltration Basins (LEACHING POOLS, LEACHING CATCH BASIN)			
<input checked="" type="radio"/> Open Channels (SWALES)			
<input type="radio"/> Ponds			
<input type="radio"/> Wetlands			
<input checked="" type="radio"/> Other (CONSERVATION EASEMENTS)	3 9		

IN 2016 AN ELECTRONIC DATABASE WAS DEVELOPED TO INVENTORY TOWN DEVELOPMENTS. THIS IS WHY THE INVENTORIED TOTALS ARE MUCH HIGHER THAN YEARS PAST.

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**

☒ Yes ☐ No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☒ Building Codes      ☒ Municipal Comprehensive Plans  
☒ Overlay Districts      ☒ Open Space Preservation Program  
☒ Zoning      ☒ Local Law or Ordinance  
☐ None      ☒ Land Use Regulation/Zoning  
☒ Watershed Plans      ☒ Other Comprehensive Plan

☐ Other:

A G R I C U L T U R A L P R E S E R V A T I O N P R O G

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

IN THE PAST, THIS WAS REPORTED AS THE TYPES OF PRACTICES IMPLMENTED DURING REPORTING YEAR, NOT THOSE INSTALLED. THIS YEARS REPORT REFLECTS QUANTITY IN 2016.

1	8	3
---	---	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
---	---	---

 %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	1	7
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF SOUTHAMPTON
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SPDES ID

N	Y	R	2	0	A	4	5	4
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Investigate New Post Construction BMP Techniques.  
Establish electronic database of sites.  
OpenSpace Protection Purchasing  
Number of Inspections

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The Town purchased either land or development rights on 393.55 acres in 2016 reporting year - this is more than 2x amount of 2015.  
The Town has developed protocols to require inspections on post construction sites.

**C. How many times was this observation measured or evaluated in this reporting period?**

	2	1	3
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(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

☒ Yes ☐ No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

☒ Yes ☐ No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Continue to inventory, inspect and maintain post construction practices, and require property owners to inspect and maintain systems. Continue to identify, purchase or receive land development suggestions on properties that have the opportunity to improve surface water quality.  
Work with the new CPF legislation to allocate funds towards improving water quality initiatives.



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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment</u>	
			<u>Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No



**MS4 Annual Report Form**

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Name of MS4/Coalition 

T	O	W	N	O	F	S	O	U	T	H	A	M	P	T	O	N
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SPDES ID

N	Y	R	2	0	A	4	5	4
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**2. Provide the following information about municipal operations good housekeeping programs:**

● Parking Lots Swept (Number of acres X Number of times swept)

# Acres 

			4	2
--	--	--	---	---

● Streets Swept (Number of miles X Number of times swept)

# Miles 

		8	6	0
--	--	---	---	---

● Catch Basins Inspected and Cleaned Where Necessary

# 

		5	0	7
--	--	---	---	---

○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary

# 

--	--	--	--	--

● Phosphorus Applied In Chemical Fertilizer

# Lbs. 

				0
--	--	--	--	---

● Nitrogen Applied In Chemical Fertilizer

# Lbs. 

				0
--	--	--	--	---

○ Pesticide/Herbicide Applied

# Acres 

					.	
--	--	--	--	--	---	--

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

			1	8
--	--	--	---	---

**4. What was the date of the last training?**

0	3	/	0	7	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

	5	7
--	---	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	9	0	%
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**MS4 Annual Report Form**

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Name of MS4/Coalition

TOWN OF SOUTHAMPTON

SPDES ID

N	Y	R	2	0	A	4	5	4
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

To increase the sweeping events and drainage inspections. Continue practice of municipal facility inspections and develop asset management program.  
Also to deploy additional dog waste bags.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The Town has begun to integrate the written inspection forms from the Highway Department into the GIS Format,  
We have greatly improved on employee training of Stormwater aspects.

**C. How many times was this observation measured or evaluated in this reporting period?**

		1	8
--	--	---	---

(ex.: samples/participants/events)

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**
☒ Yes   ☐ No
**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**
☒ Yes   ☐ No
**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The Town will continue to street sweep both roads and parking lots . We will integrate a new Stormwater training unit for newly hired staff members.

**MS4 Annual Report Form**

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Name of MS4/Coalition 

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SPDES ID

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**Additional Watershed Improvement Strategy Best Management Practices**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

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MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?

☒ Yes ☐ No ☐ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

☐ Yes ☐ No ☒ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %



**MS4 Annual Report Form**

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Name of MS4/Coalition 

TOWN OF SOUTHAMPTON																			
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SPDES ID

N	Y	R	2	0	A	4	5	4
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☒ N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

1	0	0
---	---	---

 %  
The MS4 has been inspected in TMDL watersheds for potential inflows from Sanitary Systems.
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☒ Yes ☐ No ☐ N/A
- 7b. How many projects have been sited in this reporting period? 

		7
--	--	---
- 7c. What percent of the projects included in 7b have been completed in this reporting period? 

		0
--	--	---

 %
- 7d. What percent of projects planned in previous years have been completed? 

--	--	--

 %  
☐ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☒ N/A



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SPDES ID

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9. Has your MS4/Coalition developed and implemented a program of native planting?

☒ Yes ☐ No ☐ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☒ Yes ☐ No ☐ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☒ Yes ☐ No ☐ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☒ Yes ☐ No ☐ N/A

